☐ YES

☐ YES

☐ YES

□ мо



CEMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY ATTORNEY'S DOCKET NUMBER **MERCK 1900** (Includes Reference to PCT International Applications) As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought of the invention entitled: FORMULATIONS HAVING AN ANTIVIRAL ACTION the specification of which (check only one item below): is attached hereto. was filed as United States application Serial No. and was amended (if applicable). was filed as PCT international application Number and was amended under PCT Article 19 (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is materia to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35. United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: PRIORITY CLAIMED DATE OF FILING COUNTRY (if PCT, indicate "PCT") APPLICATION NUMBER **UNDER 35 USC 119** (day, month, year) ☐ YES □ NO □ NO ☐ YES

Application and Power of Attorney (C

ATTORNEY'S DOCKET NUMBER **MERCK 1900**

Combined Declaration For Paternational Applications) 1 hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) r PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Titl 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. APPLICATION NU	MBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONE
			,			+
PCT APPLICATION NO.	PCT FILIN	IG DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
				,		-
	 		M	 		

POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Diana Hamlet-King (33,302); Richard J. Traverso (30,595); Richard E. Kurtz (33,936); John A. Sopp (33,103); Richard M. Lebovitz (37,067) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: MILLEN, WHITE, ZELANO & BRANIGAN, P.C.

Arlington Courthouse Plaza I, Suite 1400

2200 Clarendon Boulevard Arlington, Virginia 22201

Telephone No. 703-243-6333

Direct Telephone Calls to: 703-812-5311

ţ,

	FULL NAME OF INVENTOR	FAMILY NAME BUCHHOLZ	FIRST GIVEN NAME Herwig	SECOND GIVEN NAME	
0	RESIDENCE & CITY CITIZENSHIP Frankfurt		STATE OR FOREIGN COUNTRY Germany	GERMANY	
Ī	POST OFFICE ADDRESS C/O Merck Patent GmbH		CITY 64271 Darmstadt	STATE & ZIP CODE/COUNTRY GERMANY	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME WAGNER	FIRST GIVEN NAME Annette	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Frankfurt	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP GERMANY	
	POST OFFICE ADDRESS	STREET c/o Merck Patent GmbH	CITY 64271 Darmstadt	STATE & ZIP CODE/COUNTRY GERMANY	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME KRAUS	FIRST GIVEN NAME Christine	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Frankfurt	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP GERMANY	
	POST OFFICE ADDRESS	STREET c/o Merck Patent GmbH	CITY 64271 Darmstadt	STATE & ZIP CODE/COUNTRY GERMANY	
2	FULL NAME OF INVENTOR	FAMILY NAME MEDUSKI	FIRST GIVEN NAME Jerzy	SECOND GIVEN NAME D.	
0 4	RESIDENCE & CITIZENSHIP	STREET 6808 Vista Delmar Lane	CITY Playa Del Rey	COUNTRY OF CITIZENSHIP CA 90293-7640 UNITED STATES	
	POST OFFICE ADDRESS	STREET c/o Merck Patent GmbH	CITY 64271 Darmstadt	STATE & ZIP CODE/COUNTRY GERMANY	
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY	



ATTORNEY'S DOCKET NUMBER Combined Declaration For Patent Application and Power of Att rney (Continued) MERCK 1900 (Includes Reference to PCT International Applications) SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME FULL NAME OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY CITY RESIDENCE & 207 CITIZENSHIP STATE & ZIP CODE/COUNTRY STREET POST OFFICE ADDRESS SECOND GIVEN NAME FIRST GIVEN NAME FAMILY NAME FULL NAME OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY CITY RESIDENCE & CITY STATE & ZIP CODE/COUNTRY STREET POST OFFICE ADDRESS FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME FULL NAME OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & CITIZENSHIP STATE & ZIP CODE/COUNTRY CITY POST OFFICE SECOND GIVEN NAME FIRST GIVEN NAME FAMILY NAME FULL NAME OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY 52 RESIDENCE & CITIZENSHIP STATE & ZIP CODE/COUNTRY CITY STREET POST OFFICE **ADDRESS** SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME **FULL NAME** OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & ż CITIZENSHIP STATE & ZIP CODE/COUNTRY CITY STREET ADDRESS SECOND GIVEN NAME FIRST GIVEN NAME FAMILY NAME FULL NAME OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & CITIZENSHIP STATE & ZIP CODE/COUNTRY STREET CITY POST OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

DATE	SIGNATURE OF INVENTOR 207	DATE
30.07.98		
DATE	SIGNATURE OF INVENTOR 208	DATE
30.07.98		
DATE	SIGNATURE OF INVENTOR 209	DATE
30.07.98		
DATE	SIGNATURE OF INVENTOR 210	DATE
30.07.98		
DATE	SIGNATURE OF INVENTOR 211	DATE
DATE	SIGNATURE OF INVENTOR 212	DATE
	30.07.98 DATE 30.07.98 DATE 30.07.98 DATE 30.07.98 DATE	30.07.98 DATE 30.07.98 DATE 30.07.98 DATE 30.07.98 DATE 30.07.98 DATE 30.07.98 SIGNATURE OF INVENTOR 209 SIGNATURE OF INVENTOR 210 SIGNATURE OF INVENTOR 211

ADDRESS